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ABSTRACT

These two Kids Count brief reports discuss issues related to the well-being of Rhode Island children. The first report identifies ways to measure the impact of state and federal welfare reform proposals on children who receive benefits through Aid to Families with Dependent Children (AFDC). Potential measures of success for welfare reform include the extent to which the program: (1) moves families into work and out of poverty; (2) assists families in obtaining sustainable work; and (3) supports the healthy development of children and the caregiving capacity of parents. The report highlights welfare reform elements that can have a major impact on children's well-being, including time limits, work requirements, child care, health care, benefit levels, and family caps. The second report describes the effects of undernutrition during the early childhood years and the incidence of undernutrition in Rhode Island. Rhode Island's multi-faceted response to childhood hunger includes attending to key factors influencing household food purchasing power, and a network of nutrition programs, especially food stamp, school lunch and breakfast, summer food service, child care food, and Women, Infants, and Children programs; emergency food assistance; and community partnerships. The report outlines the impact of nutrition programs and describes recent decreases in the food stamp program. Contains 16 references. (KDFB)

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Rhode Island KIDS COUNT

Issue Brief

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WELFARE REFORM: HOW WILL WE KNOW IF IT'S GOOD FOR CHILDREN?

Welfare reform proposals at the state and federal levels will have a direct impact upon the health, safety, education, and economic well-being of the 38,574 Rhode Island children who currently receive cash benefits through Aid to Families with Dependent Children (AFDC). Almost everyone agrees that the welfare system needs reforms that will help families transition from public assistance to paid employment. Yet, the percentage of AFDC recipients who enter and remain in the paid workforce is not the only benchmark for a welfare program that also seeks to protect the majority of its recipients — Rhode Island children. Equally critical are several less visible measures of a successful welfare reform effort.

MEASURES OF SUCCESS FOR WELFARE REFORM

Moves families into work and out of poverty. A key measure of success for welfare reform is the percentage of families who move out of poverty either by obtaining jobs with adequate wages or by combining welfare benefits with paid work. Allowing families to combine earned income with cash benefits, Earned Income Tax Credits, child support, health care coverage, and child care can support the transition from welfare to economic independence. In addition, welfare reforms can support the stability of two-parent families by considering them for benefits under the same income and asset rules as single-parent families. Welfare reforms will need to be carefully monitored to ensure that women and their children do not become more impoverished than they already are under the existing system. Current cash benefits through AFDC and Food Stamps leave families 20% below the poverty line of $12,590 for a family of three. The value of AFDC cash benefits has fallen 40% since the 1970s.

Assists families in obtaining sustainable work. Access to jobs, job readiness skills (basic education, literacy, English language, job search), child care, health care, and transportation will be critical to obtaining and sustaining work. The success of Rhode Island's welfare reform effort will not be determined solely

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by the cooperation of recipients but also by Rhode Island's capacity to "reinvent" the system in a way that supports job creation, job placement, and job retention. Links to the private sector will be necessary to ensure that jobs are available. Close connections among state agencies responsible for human services, employment and training, and education can help to promote programs that address self-sufficiency for parents while providing services that support child development.

Supports the healthy development of children and the caregiving capacity of parents. The same factors that combine to undermine some parents' prospects for stable employment also threaten children's well-being. The level of financial stress, the mother's educational level, the strength of the social network, the quality of parenting and the home environment, the physical and mental health of the parent or primary caretaker — any one of these factors can place a child at risk. Child development research shows that the greater the number of risks, the greater the chance that a child will face developmental, academic, social, and emotional limitations. Likewise, the presence of protective factors such as close relationships with parents and other caring adults, participation in a formal child care or comprehensive early childhood program such as Head Start, and supportive neighborhoods help children develop positively in spite of tremendous stress in their lives. Welfare reform can be designed to promote connections between programs that support the job skills and caregiving capacity of parents with those designed to support the healthy development of children.

CRITICAL ELEMENTS OF CURRENT WELFARE REFORM PROPOSALS IN RHODE ISLAND

Highlighted here are welfare reform elements that can have a major impact on the well-being of children. Each significantly affects Rhode Island's capacity to meet all three measures of success in welfare reform: moving families into work and out of poverty, assisting families in obtaining sustainable work, and supporting the healthy development of children and the caregiving capacity of parents.

Time Limits: Lifetime limits on the receipt of cash benefits, more than any other element of welfare reform, removes the safety net for children provided by the current AFDC program. Had lifetime limits been instituted five years ago, the 39% of the current AFDC caseload which has received benefits for five or more years (cumulatively) would now be ineligible, including approximately 14,000 children. According to the Center for Law and Social Policy, of the nineteen

RECENT TRENDS IN CHILD POVERTY IN RHODE ISLAND

◆ Welfare reform has implications for children in families receiving AFDC and their prospects for becoming self-sufficient adults. According to the Institute for Research on Poverty at the University of Wisconsin-Madison, women who grow up in poor families are twice as likely to be welfare recipients as adults.

◆ Poor children face multiple risks that can undermine their healthy development and chances for successful, productive lives. They are more likely to go without necessary food and clothing, live in substandard housing, be victims of crime and violence, lack basic health care, and have unequal access to educational opportunities.

◆ The state's child poverty rate among children under 18 increased by 33% between 1990 and 1993. The number of young children under age 6 living in poverty increased 49%, from 13,000 in 1990 to 20,000 in 1993. One in four Rhode Island children under the age of 6 now lives below the poverty level ($12,590 for a family of three).

◆ During the same period of dramatic increases in child poverty, the active caseload of the Department of Children Youth and Families increased by 39%.

states that had applied for a federal waiver for time-limits on cash assistance, only four states requested permission to impose lifetime limits. Given the lack of state experience with life-time limits and the tremendous risk to children implicit in such policies, it is important to proceed with caution.

Work Requirements: Successful implementation of work requirements requires adequate supports for child care and health care, and attention to employment barriers experienced by some families. Ultimately, the success of work requirements will depend on the availability of jobs that move people out of poverty. Having prior work experience, a high school diploma, and job training all increase the likelihood that AFDC recipients will find work. The current welfare program contains major disincentives to work, primarily due to the fact that earnings reduce cash benefits and leave the family further in poverty. Welfare reforms that provide child care subsidies and allow families to keep more of their earnings can increase family income.

Child Care: Child care must be safe and enriching to allow children to thrive and it must be stable to enable parents to enter and remain in the workforce. Studies show that children in poor families are nearly one-third more likely to suffer either from delays in growth and development, a learning disability, or a significant emotional or behavioral problem. As a result they have an even greater need for more comprehensive and high quality child care services. There are over 19,000 children under age 6 on AFDC, and an additional 15,000 children between the ages of 6 and 12. While many women will use informal child care arrangements with neighbors, family members, and friends, many will not have access to such supports and will require financial assistance for child care. The number of current child care subsidies for both AFDC recipients, and low-income working families — 4,896 — is far below the number of AFDC recipients who will need them if work requirements are implemented. There is a structural shortage of quality licensed child care centers and certified family child care homes necessary to meet the increased demand for child care.

Health Care: One factor that can discourage welfare recipients from working is fear of losing health insurance benefits for their children. All children under age 18 who receive AFDC receive health insurance coverage through RIte Care, Rhode Island's Medicaid managed care program. RIte Care also provides health insurance to pregnant women up to 350% of poverty and children under age 8 up to 250% of poverty. These recent federal and state advances in Medicaid eligibility have prevented an increase in the numbers of uninsured children in Rhode Island, even with the declining trend in employer-related insurance. Increasing RIte Care eligibility to children up to age 18 below 250% of poverty would further support the transition from AFDC to employment.

Benefit Levels: Since its inception, the primary function of AFDC has been to ensure a minimal level of subsistence for families with children. At the very least, welfare reforms must not move families deeper into poverty than they already are under the existing welfare system. While child care and health care need to be expanded in order to support employment, there are risks to funding the expansions through reductions in cash benefits that already leave families 20% below the poverty line. If individuals who do not find work despite good faith efforts or who are unable to find affordable child care become ineligible for income supports, children will be placed at risk.

Family Cap: Welfare reform proposals that include a "family cap" deny additional cash benefits to children born into families which have received AFDC benefits within the prior ten months. The family cap reduces the family's benefit level and increases the extent of poverty in the family. Family cap proposals are based on the assumption that any increase in the AFDC cash benefit for an additional child is an incentive for childbearing. Currently Rhode Island AFDC recipients receive an additional $105 per month toward support of a second child and additional $88 per month for a third child. A 1994 Urban Institute study found that benefit levels had no significant relationship to first or subsequent births among low-income women.

FACTS ABOUT AFDC IN RHODE ISLAND, APRIL 1, 1996

There are 20,418 families enrolled in the AFDC Program. Children make up two-thirds of the caseload: there are 38,574 children receiving AFDC. Almost half of the children receiving AFDC are under age 6.

The federal government pays approximately 54% of the total cost of the AFDC program in Rhode Island. In FY 1996, the state's share of the cost of AFDC cash benefits ($47 million) represents 2.8% of the state budget; if state administrative costs and child care subsidies are included, the state's AFDC expenditure ($58 million) is 3.4% of the state budget. (Neither figure includes health care costs for AFDC recipients and their children.)

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Issue Brief

FOOD FOR THOUGHT: CHILDHOOD NUTRITION

Undernutrition during any period of childhood can have detrimental effects on a child's health and cognitive development. A recent *Scientific American* article notes that poor nutrition in early childhood can continue to hinder intellectual performance into adulthood. A child does not have to be starving for these potentially long-lasting effects to occur. Even mild undernutrition, if it occurs over an extended period of time or reoccurs frequently, compromises a child's physical, social, and emotional development. Undernutrition results in a slower rate of growth, more susceptibility to illness, increased risk for lead poisoning and anemia, compromised brain growth, and lack of energy to explore surroundings, play with peers, and be actively involved in learning.

ARE RHODE ISLAND CHILDREN AT RISK FOR HUNGER AND UNDERNUTRITION?

The national Community Childhood Hunger Identification Project indicates that in 1993 there were an estimated 11,000 hungry children under 12 in Rhode Island, meaning their families frequently do not have money available to buy enough food or family members skip meals because there is not enough food. Another 30,000 children live in households that are at risk of hunger because of insufficient financial resources to purchase food.

The U.S. Conference of Mayors has documented annual increases in the demand for emergency food in major cities across the nation. Rhode Island has kept pace with the national trend, with steady growth in the distribution of food by the Rhode Island Community Food Bank — increasing from 1,116 tons in 1991 to 1,350 tons in 1995. Forty-five percent of people who receive food distributed through the Rhode Island Community Food Bank network of soup kitchens and food pantries are children under age 18.

In 1993, there were 40,029 poor children in Rhode Island, 19% of all Rhode Island children. Of children under age six, one in four lives in poverty. Poor children are 2.5 times more likely to have deficient intakes of food energy (calories) than non-poor children. Many of these children also suffer from deficient intakes of key nutrients critical to cognitive functioning and overall healthy development.

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RESPONDING TO CHILDHOOD HUNGER

A multi-faceted approach to the prevention of childhood hunger requires attention to the key factors influencing food purchasing power in a household, including the availability of jobs at livable wages, the adequacy of income support programs, access to food assistance programs, housing and utility costs, health insurance coverage, and food costs (especially in inner city neighborhoods with limited access to full-service supermarkets).

Our nation has in place a network of nutrition programs focused directly on the prevention of childhood hunger and undernutrition. The underlying aim of these programs is to ensure that the most vulnerable children will not go hungry, thereby protecting their healthy development and later productivity as adults. The following programs provide critical food resources to families with incomes at or near the federal poverty line.

The **FOOD STAMP PROGRAM** provides coupons (food stamps) to eligible households which can be used for the purchase of specified food items. Its mission is to help low-income people buy food to supplement and improve their diets. Department of Agriculture studies show that food stamps lead to significantly greater expenditures on food, and greater nutrient availability in participating households. Often described as the nation's first line of defense against hunger, the majority of food stamp recipients are children. As of July 1996, in Rhode Island 44,225 children were participating in the program. The average monthly food stamp allocation for a family of three is $268.

The **SCHOOL LUNCH PROGRAM** provides federal funds to schools to offer nutritious meals to students and is universally offered at all Rhode Island public schools (and many private schools). Over 35,000 RI public school children receive free school lunches and an additional 5,300 receive reduced price lunch. Children from low-income families depend on the lunch program for one-third to one-half of their nutritional intake each day.

The **SCHOOL BREAKFAST PROGRAM** operates under the same eligibility criteria and administration as the school lunch program. The federal government pays the cost of meals for all eligible students and there is a state school breakfast fund which reimburses school districts for school breakfast monitors and other administrative costs. Only 38% of Rhode Island public schools offer the program, well below the national average of 68%. There are 16,905 eligible low-income students who are not receiving school breakfast because they attend the 193 Rhode Island public schools that do not offer the program. Twenty-one states have passed legislation to mandate the program in school districts with high numbers of low-income students.

The **SUMMER FOOD SERVICE PROGRAM** provides nutritious meals to low-income children during the summer months and vacation periods. Sponsoring sites include playground programs, Boys and Girls Clubs, churches, and recreation centers. Only 30% of eligible Rhode Island children were served by this program in 1995. Low participation is the result of an inadequate number of community sponsors which apply to run the program.

The **CHILD CARE FOOD PROGRAM** enables child care centers and family child care homes to provide nutritious meals and snacks to children ages 12 and under in child care. These child care meals sometimes provide virtually all the nutrition a child will receive in a day. This program serves a small proportion of those who could benefit from it.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, is a preventive program providing nutritious food, nutrition education, and improved access to health care. This federally funded program serves pregnant, postpartum, and breastfeeding women, infants, and children under age five. WIC increases the likelihood that women will receive early prenatal care and that their children will get regular pediatric care and immunizations. In Rhode Island, 23,016 women, infants, and children participate in the WIC Program, approximately 70% of those eligible.

COMMUNITIES RESPOND

EMERGENCY FOOD ASSISTANCE

Children and families in Rhode Island who do not have sufficient resources to purchase food can sometimes receive assistance from soup kitchens and food pantries in their community. These programs provide an important support network built on the good will of churches, community-based organizations, voluntary associations, and private citizens. The Rhode Island Community Food Bank network includes 470 soup kitchens, food pantries, shelters, and feeding sites serving up to 120,000 individuals across Rhode Island and Southeastern Massachusetts each month.

KIDS HELPING KIDS

Two successful hunger relief efforts that have engaged the energy and spirit of Rhode Island youth are the Feinstein Foundation's "I Can Make A Difference" program in which elementary school students from over 130 schools collected more than 35,000 pounds of food for the Food Bank — and the Boy Scouts' Annual "Scouting for Food" project which involves hundreds of Boy Scouts going door-to-door to collect an average of 300,000 pounds of food.

COMMUNITY PARTNERSHIP

The City of Central Falls, Tufts University Center on Hunger, Poverty, and Nutrition Policy, Rhode Island Department of Elementary and Secondary Education, Hasbro Children's Foundation, and Alan Shawn Feinstein have developed a unique community-focused partnership called Central Falls Kids First. Aimed at reducing hunger and improving the nutritional well-being of Central Falls children, one successful element of Kids First involved changing the School Breakfast program in the city's schools to a universally-free program, available to all children at no cost, eliminating any stigma associated with the program, and ensuring that all children can receive a nutritious breakfast.

FOOD PROGRAMS MAKE A DIFFERENCE

While voluntary efforts may provide food for families in times of crisis, they are usually not designed to provide food consistently for extended periods of time. Many families who receive emergency food are in need of long-term assistance due to insufficient income from wages, high housing costs, or medical emergencies.

Research findings suggest that each of the major nutrition programs targeted to children has significant potential to safeguard cognitive development, and to help insure good health in the early years. Some key research findings follow:

- A recent study conducted by the Tufts Center on Hunger, Poverty, and Nutrition Policy found that Food Stamps significantly improve the nutrient intakes of poor children. For most major nutrients, the proportion of poor children with serious dietary deficiencies is lowered significantly when their households participate in the Food Stamp program.
- Children who participate in the School Breakfast Program have better school attendance, are more likely to arrive at school on time, and have higher standardized test scores than non-participants.
- WIC links the distribution of food to other health services, including prenatal care. Every $1 spent on WIC is estimated to save $3 in medical costs. By protecting infants and children from nutrition-related health problems during critical periods of growth, WIC results in savings for special education that may otherwise have been incurred due to malnutrition in infancy and childhood.

RECENT FEDERAL CHANGES REDUCE FOOD RESOURCES FOR CHILDREN

The federal welfare reform bill (H.R. 3734) cuts the Food Stamp Program by over $27 billion over six years, primarily through reduced benefits and restrictions in eligibility. This will reduce food resources for 44,225 children in Rhode Island. Under the new law, most legal immigrants will be ineligible for food stamps and other cash assistance. Currently 1,916 legal immigrants under age 18 receive food stamps. Other provisions include a reduction in the reimbursement rates for meals served through both the Summer Food Program and the Child Care Food Program.

Non-profit and volunteer emergency providers are concerned that they will be unable to meet the demand for food that will occur when federal food program resources are reduced. The emergency food network has already experienced diminished capacity due to declining Federal Emergency Management Assistance funds for the past five years. FEMA dollars are used to purchase food to supply the community network of food pantries, soup kitchens, and shelters. FEMA has decreased funding to Rhode Island from $660,000 in 1992 to $441,402 in 1996.

EFFECTS OF UNDERNUTRITION ON CHILD HEALTH

- An inadequate diet during pregnancy increases risk for low birthweight and infant mortality.
- Undernourished children who live in families with food shortages suffer from two to three times as many health problems as children from low-income families with sufficient food resources.
- Children with inadequate access to food are at increased risk for iron deficiency anemia. Anemia can lead to developmental and behavioral problems and increases susceptibility to lead poisoning.

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